

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/594596** FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | 0 | | | | | |
| 3 | 1 | | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | (19) | | | | | |
| TOTAL CLAIMS | 23 | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |